15/5/2010

INS. CASE OWNER: CC4 / AIG 2000 8312 / Kks3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 17/08/2020 Date / Time : 12/08/2020

Registered in Merimen: 12/08/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJD1819J Claim No. :

Name of Insured : HO KUEN HOE TEDD Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 05/08/2020 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SJD 5226T → → →

INSRS:
WSP: AT AUTO
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJD 5226T : X ; SJD1819J : X
3/12/2020 Khanchna	REJECT CLAIM. SURVEY DONE.

Reject Case
By (staff) : Khanchna
Approved by : [illegible]
Date : 03/12/20

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (5-7 days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: Confirm with Email Call

Final Liability: % (Agreed / Assessed) DLA S/N No. : If NO or B 28, Ass. Lia :

REJECT CLAIM. SURVEY DONE.

Repair Cost: S$

Loss of Rental (LOR): S$ ( )

Loss of Use (LOU): S$ ($ days)

Loss of Income (LOI): S$ ($ days)

LOR only LOU only LOR + LOU LOI [Tick only one]

GIA/LTA Search S$

Medical: S$ 1) Claim status: Normal/Reject/Private Settle

Disbursement: S$ g. Tow/ Independent) 2) Report Format: TP

Legal Cost S$ 3) Survey fee: $320

Total: S$ Global Sum S$:

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	